

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of)	
)	
Amendment of Parts 90 of the Commission's)	WT Docket No. 01-146
Rules and Policies for Applications and)	
Licensing of Low Power Operations in the)	
Private Land Mobile Radio 450–470 MHz Band)	

COMMENTS OF PHILIPS MEDICAL SYSTEMS

The Philips Medical Systems division of Philips Electronics North America Corp. (“Philips”), pursuant to Section 1.415 of the Commission’s Rules, hereby files its comments on the *Notice of Proposed Rule Making*, released July 24, 2001, FCC 01-199 (“NPRM”) in the above-captioned proceeding, in which the Commission seeks comment on the proposals of the Land Mobile Communications Council concerning low power operation in the Private Land Mobile Radio (“PLMR”) 450–470 MHz band.

Philips submits these comments in support of the Commission’s plan to ensure that the granting of new licenses as described in the NPRM does not create a new and difficult-to-control source of interference to medical telemetry systems operating on former “offset” channels in the 460–470 MHz band prior to the lifting of the freeze on new licenses for such channels in October 2003.¹

Philips recently acquired the medical devices business of Hewlett-Packard and Agilent Technologies, which were the leading manufacturers of medical telemetry systems operating in the 460–470 MHz PLMR band under Part 90 of the Commission’s Rules. These companies

¹ See *NPRM* ¶ 23.

were and Philips is now a member of the American Hospital Association Taskforce on Medical Telemetry, a group of hospitals, medical device manufacturers, federal agencies and others interested in ensuring the continued availability of medical telemetry for patients throughout the United States. Wireless medical telemetry is a life-saving technology that already has proven its value in thousands of hospitals over the last several decades.

In 2000, the Commission established the Wireless Medical Telemetry Service (“WMTS”) and allocated spectrum to allow potentially life-critical medical telemetry equipment to operate on an interference-protected basis.² Manufacturers of medical telemetry systems have diligently worked to develop new systems that operate in the bands allocated for WMTS. For example, the systems operating in the 608–614 MHz band that Philips now manufactures were first shipped to hospitals in May 2000.

**THE TRANSITION OF MEDICAL TELEMETRY FROM THE
460–470 MHZ BAND IS UNDERWAY BUT STILL REQUIRES
THE PROTECTION PROVIDED BY THE COMMISSION**

Many hospitals have been unable to migrate quickly out of the 460–470 MHz band. As the Commission has recognized, the 608–614 MHz band alone is not sufficient to accommodate medical telemetry going forward³ and is constrained in some markets because of radio astronomy quiet zones and interference from adjacent TV channels.⁴ Similarly, the 1395–1400 MHz WMTS band is available in many markets, but is not a complete replacement for the 460–470 MHz band, particularly without the 1429–1432 MHz WMTS band, for which sharing with other services with undetermined service rules is still being considered in ET Docket 00-221. For these reasons, the freeze established by the Commission on the licensing of higher-power

² Amendment of Parts 2 and 95 of the Commission’s Rules to Create a Wireless Medical Telemetry Service, ET Docket 99-255, *Report and Order*, 15 FCC Rcd 11,206 ¶ 1 (2000) (*Medical Telemetry R&O*).

³ *Id.* ¶ 10; *see also* 47 C.F.R. § 95.1119.

⁴ *Medical Telemetry R&O* ¶ 11.

transmitters under Part 90 until October 2003 on frequencies in the 460–470 MHz band used by hospitals for medical telemetry remains important to a safe and orderly transition to the new bands.⁵

**THE PROPOSED DELAY IN LICENSING CERTAIN GROUP C CHANNELS
IS NECESSARY TO PROTECT MEDICAL TELEMETRY
DURING ITS TRANSITION TO NEW BANDS**

The LMCC proposal includes the establishment of twenty-five 12.5 kHz channel pairs for non-coordinated, itinerant use (Group C channels), of which ten channels are currently available for use by medical telemetry.⁶ LMCC has suggested that these frequencies would be primarily used by building contractors who need short-term, on-site communications.⁷ The Commission has recognized the potential for disabling interference to existing medical telemetry systems resulting from the grant of new nationwide non-coordinated licenses on these ten channels. Consistent with the transition plan laid out in the WMTS Report and Order, the Commission has therefore proposed not to license these ten frequencies until the Freeze ends.⁸

The risk identified by the Commission is not theoretical. All ten Group C channels referenced in the NPRM are currently used by medical telemetry transmitters manufactured by Philips' predecessors in this business. These transmitters are used by health care providers to monitor the cardiac function and other vital parameters of hospitalized patients. Itinerant use of the very same frequencies by building contractors who may be working in or near a hospital, is difficult to plan for. Even at the proposed level of 2 W TPO, such use can cause disabling

⁵ Freeze on the Filing of High Power Applications for 12.5 kHz Offset Channels in the 450–470 MHz Band, *Public Notice*, 10 FCC Rcd 9995 (1995) (*Freeze*). With respect to the timetable for lifting of the Freeze for the 460–470 MHz band, see also *Medical Telemetry R&O*, at 11,227–28 ¶ 65; *NPRM* ¶¶ 5 n.20, 23.

⁶ *Id.* ¶¶ 21, 23 & n.70.

⁷ *Id.* ¶ 21.

⁸ *Id.* ¶ 23.

interference to these telemetry systems, which transmit at less than 4 mW ERP. Therefore, early licensing of these Group C channels would provide a significant new source of interference to medical telemetry systems prior to the lifting of the Freeze.

CONCLUSION

For the foregoing reasons, the Commission's proposal to delay licensing of Group C channels that coincide with frequencies available for medical telemetry is important for ensuring an orderly and safe transition of medical telemetry to the Wireless Medical Telemetry Service.

Respectfully submitted,

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October 12, 2001